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ABSTRACT

The paper presents a literature-based comparison of psychodynamic and behavioral approaches in the management of aggression in children. The section on psychodynamic approaches discusses the work of August Aichhorn, Fritz Redl, Nicholas Long, and William Glasser, in addition to discussions of life space interviewing and the importance of the concept of attachment. The section on behaviorism covers early applications, cognitive behavior modification, relaxation training, social skills training, reasons for the popularity of behaviorism, criticisms of behaviorism, and the emergence of "gentle teaching." Common grounds of the two approaches and their place within a larger synthesis are described. Global issues are raised about the causes of violence, such as disintegration of the family and of stable communities. An appendix offers a conceptual design incorporating nine models of remediation. (38 references) (Author/JDD)

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Comparing Psychodynamic and Behavioristic Approaches in the Management of Aggression in Children

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Abstract

This article consists of a comparison of psychodynamic and behavioral approaches in the management of aggression in children. From the former camp it particularly presents the contributions of Aichhorn, Redl, Long, and Glasser, life space interviewing and the importance of the concept of attachment. The section on behaviorism covers early applications, cognitive behavior modification, relaxation training, social skills training, reasons for the popularity of behaviorism, criticisms of behaviorism, and the emergence of gentle teaching. Then some common grounds of the two approaches and their place within a larger synthesis are described. Finally, some global issues about the causes of violence are raised that go beyond the dimensions of the conventional models.

Comparing Psychodynamic and Behavioristic Approaches in the Management of Aggression in Children

Introduction

Comparing psychodynamic and behavioral approaches in the management of aggression is a difficult task for several reasons.

1. First, within each modality there is a variety of strategies that differ considerably from each other both in underlying theoretical and philosophical assumptions and in actual practice.
2. Secondly, there are changes going on in both fields, which makes it sometimes difficult to make statements about them that have current validity.
3. Thirdly, there are practices that have been traditionally associated with the models that are not intrinsic to them but which have shaped an image of them for better or for worse.
4. Fourthly, many programs today are not exclusively restricted to one model but utilize an eclectic orientation combining several points-of-view.
5. Finally, there is my own personal background and perspective. I received my professional training in the United States about forty years ago when the Freudians dominated the profession. What I have retained from that time is a respect for the inner person and his need and a recognition of the impact of early experiences on our lives. Consequently, I have always been strongly opposed to the extremist behaviorist point of view that inner life is irrelevant, that the only reality of the

child is what can be observed, and that behavior can be changed by some simple manipulation of consequences. My early position is almost daily reinforced by what goes on in schools and mental health centers in my community that are exclusively committed to behaviorism. On the other hand, I find the careful structure of rewards and punishment in the form of natural consequences obviously helpful in many educational or therapeutic situations.

My own orientation is that all the existing models for understanding and helping troubled children and youth are partial and therefore limited in their usefulness. The greatest effectiveness appears to come from a deliberate and careful application of several models. Even so, our understanding of the human individual is still very rudimentary. The Norwegian psychologist Harald Schjelderup (1965) expressed a similar thought at the end of a life time of search and research. "Virkeligheten har en dybdedimensjon som vitenskapen ennu ikke kjenner, og sjelen har ukjente omrader og vidtrekkende muligheter som vi ennu bare glimtvis aner." (p. 111).

This view point is reflected in the conceptual design or more specifically circle which I use in introducing the theoretical models in the treatment of behavior disorders. (Appendix 1). Each model is a segment of the circle. The inner part of each segment is what we now know about the model, and the outer part has room for future developments. There are also empty sections for future models that we so far have not thought about or that are still in their infancy. An example

is the ethological orientation with its concept of bonding and the controversial practice of holding therapy with autistic children initiated by the zoologist Tinbergen (Tinbergen & Tinbergen, 1983).

The center of the circle is the spiritual and transcendental dimension of the personality which Schjelderup refers to as the soul and which so far lies beyond scientific inquiry.

In this paper, the discussion of the theoretical models is based primarily on the author's experiences in the United States. However, some pertinent illustrations will also be taken from Scandinavian literature and practice.

Psychodynamic Approaches

Before applying the psychodynamic and behavioral theories to the issue of aggression it would be helpful to briefly describe their basic principles and their history.

The psychodynamic theories have the common assumptions that feelings and needs are of primary importance in the life of a child. All children have some basic needs that must be met if he or she is to develop a healthy personality. They include the need for love, security, attachment, belonging, success, dependence and independence, and a personal identity. Traumatic experiences and deprivations in the early years may result in lasting personality disturbances. A crucial tenet of psychoanalytic theory is that the child's reaction to these frustration may take the form of withdrawal, submissiveness, psychosomatic symptoms, or overt aggression. There is also

the belief that emotional problems may be repressed but still from the unconscious have an important influence on behavior.

Another aspect of psychoanalytic theory regarding aggression is that violent persons have often grown up in violent families and have been the victims of violence. They may also have had their attachment to their parents interrupted by desertion or threats of desertion. There are two aspects to the children's responses to this kind of mistreatment. One is anger at the failure to have their security needs met. The other is the imitation of the aggressiveness they have observed in their homes. Studies have shown that even abused toddlers tend to show a high level of malicious and unprovoked behavior in interaction with their peers. As the child grows older, the aggression becomes incorporated into the personality structure and is supported by an armor of psychological defenses as well as by the gratifications and reinforcements that are often the results of antisocial behavior.

Aichhorn

The first person to apply psychodynamic and more specifically psychoanalytic principles to the treatment of aggression was August Aichhorn. He was a co-worker of Sigmund Freud and the director of an institute for delinquents in Vienna. In his book Verwahrloste Jugend (1925) he presented his theories about the causes and treatment of delinquency and aggression. He believed that there may be some predisposition to delinquency in some children but that this latent possibility is activated

by early childhood experiences, bad companions, street influences, and the like. At his center he had a group of 12 boys whose aggression was so severe that they could not function with the other young people and were placed in a group by themselves. In every case, the children had shown extremely aggressive behavior at home, in school, and on the streets. In their homes there were severe conflicts between the parents, and the children had been brought up without affection and had been exposed to unreasonable brutality.

Aichhorn was against any forms of harsh discipline because that meant using the same methods that had caused the original conflict and would increase the hostile impulses which existed instead of decreasing them. The treatment approach was a consistently friendly attitude, a kind and gentle handling of the children, wholesome activities, plenty of play to prevent aggression, and frequent talks with the individual youths. There was in the beginning some intense acting-out and provocations in the group, but eventually the boys settled down. An emotional bond between the boys and the workers began to develop, and they formed a homogeneous group. All the children had done poorly in school, but as their aggression ended they began to show superior mental performance and made up their lost school work. Facing the challenge together created a close bond between the workers which was considered essential to the eventual success of the program. Aichhorn believed that the child incorporates the traits and characteristics of the

parents in a process called identification, and if they are dissocial or criminal, the child develops an ego-ideal which is unacceptable to society.

Redl

Fritz Redl worked with Aichhorn in Austria, but he emigrated to the United States where he continued to study the inner dynamics and the treatment of violent children. Some of his research was published in his books Children Who Hate (1951) and Controls from Within (1952) which were combined into the volume The Aggressive Child (1956). This material was based on his experiences with the Pioneer House near Detroit. Later he directed a research branch at the National Institute of Mental Health (NIMH) in Washington, D.C., in which the focus was on understanding and treating six extremely violent boys.

In spite of Redl's genius in understanding and describing individual and group pathology, both projects were considered a failure. The reasons for this were several, but there have been indications that there was too much of a fascination and preoccupation with the children's pathologies, too little control of the children's acting-out behavior, and too many conflicts and disagreements among the staff (Glaser, 1959). Although Redl had a keen awareness of the importance of the immediate milieu and broke new ground in analyzing group dynamics in delinquent behavior he failed to take into consideration broader ecological factors as well as the positive effect education may have.

Long

Nicholas Long served with Redl at the NIMH as director of residential treatment and later moved on to head Rose School, a therapeutic facility in Washington, D.C. He developed what he called the psychoeducational model and the conflict cycle paradigm in the treatment of emotionally disturbed children. The underlying assumptions for this approach include the belief that: (a) children are emotional beings who will behave in immature ways during periods of stress, (b) children in conflict will create feelings and behavior in others which most always perpetuate this problem, (c) everything that happens during the 24-hours of a day is important and can have therapeutic value, (d) crises are excellent times to teach and for children to learn, and (e) setting limits means love and even physical restraint can be a therapeutic example of caring for and protecting children (Long, 1989).

Long (1989) changed the conceptual framework of his program from a medical and psychiatric model to educational and community mental health principles of treatment. He expressed his changing views as follows:

> The treatment of troubled children was seen as a community problem with community solutions and not solely the problem of the child and his family. The program would focus more on helping the child to develop coping skills than on analyzing the origin of his psychopathology and defenses. It would provide more time teaching academic and social

skills than studying intra-psychic change. The program would extend the parameters of change to include the child's extended family, his local school, and neighborhood forces. This ecological approach to treatment is predicated on the assumption that change in any part of a child's environment will create positive change in the child's total ecosystem. For example, it may be just as important for the child's mental health for him to get his father back to work, to control his grandmother's alcoholic rage, or to get him involved in weekend activities, as it is for him to have remedial reading or play therapy. (p. 55)

Long has remained until the present the leading spokesman for the psychodynamic orientation. Rose School has gained much recognition for its quality performance in child mental health and special education and for its training of teachers for the inner city ghetto schools in Washington, D.C. which has attained the dismal recognition as the murder capital of the world.

Life Space Interviewing

An intervention method originated by Redl (1963) and refined and elaborated on by Long and others is the Life Space Interview (LSI). Redl identified five primary goals as ventilating feeling, support during emotional upsets, maintaining turbulent relationship, regulating social conduct, and arbitrating conflicts. Brendtro and Ness (1983) have described the LSI as a "here and now intervention that uses a child's direct life experiences for the

purpose of problem solving. These interviews are conducted by a person with influence in the child's daily life and are used for the two broad goals of crisis management and affective re-education" (p. 177).

Glasser

Another forceful exponent of the psychodynamic position in the management of aggression is William Glasser, a California psychiatrist. He rejected the traditional Freudian approach of focusing on the unconscious, and he stressed facing reality and personal responsibility and commitment. He applied his method which he called "reality therapy" first with institutionalized delinquent girls (Glasser, 1965) and later in the public schools (Glasser, 1969). In his latest book he suggests specific ways in which what he names "control theory" can be used in the classroom to help young people gain more of a sense of power over their own lives and a feeling of self-motivated direction and purpose (Glasser, 1986). He finds stimulus/response psychology useless and unworkable because it does not address the vital issues of personal motivation. It might be mentioned that Glasser's ideas have found a special resonance in Scandinavia, and the pedagogy of involvement which has been particularly implemented in Denmark in the treatment of behavior disorders (Nissen, 1978), draws extensively upon his thinking. One of Glasser's practical innovations is the classroom meeting in which the pupils can have a say in decisions that affect their daily lives. In the Scandinavian campaigns against mobbing

in the public schools, Roland (1983) has used such classroom meetings with success, and in a 1989 publication about the prevention of mobbing by the Danish ministry of education (Om mobning, 1989) classroom meetings are suggested as a useful procedure.

The Concept of Attachment

The concepts of attachment and loss are important in psychoanalytic theory and has been particularly explored by John Bowlby from his first book Maternal Care and Mental Health published by the World Health Organization in 1951 to his 1988 volume A Secure Base: Parent-Child Attachment and Healthy Human Development. He proposes that many behavior disorders including aggression are the result of either a failure or distortion in the development of attachment or a loss of the person loved, particularly the mother. He also found support for his ideas from the studies of bonding behavior in animals and birds done by the ethologists Konrad Lorenz and Niko Tinbergen and from the longitudinal investigation of mothering in humans by Mary Ainsworth (Karen, 1990). Several attempts have been made from a psychoanalytic perspective to re-parent the young delinquents in a secure setting where they were permitted to step back and relive a childhood they had not had. The most famous of these projects was at Brownsville near Toronto in the 1960's. A more recent version is the Henry Street School for delinquents adolescents in Manhattan (Wolf, 1975, 1979). It is based on Winnicott's ideas that delinquents have experienced

an early withdrawal of maternal love and that the anti-social and destructive behavior is an attempt by the child to provoke the environment to respond to his loss. At this school a primary treatment modality is art therapy. Through the arts the youth are encouraged to express and live through their early traumas and disillusionments which have blocked their capacity for emotional and social growth.

Another setting where the arts are important is the Wiltwyck School for delinquent boys established by Eleanor Roosevelt near her home in Hyde Park at the Hudson River. Edith Kramer (1958) worked there for several years, and in her books she has vividly described the healing power of the arts with troubled children and youth. Life at Wiltwyck is also depicted in the film The Quiet One and in an autobiography Manchild in the Promised Land by Claude Brown (1965), a black author who was there as a child and paid tribute to the treatment he received.

The psychodynamic model has undergone considerable changes over time. It has moved from a medically and psychiatrically dominated strategy with a focus on the individual child and his or her pathology to a more community and education oriented paradigm accentuating positive mental health. In the process it has discarded some controversial features that were criticized in the past (Juul, 1977). It has also become more eclectic and has incorporated aspects of other orientations and has become more compatible with them.

Behavior Modification

The principles of behaviorism had their roots in the works of Pavlov, Watson, Thorndyke, and other theoretical and experimental psychologists. However, their use in the management of behavior problems is a much more recent phenomenon.

Early Applications

In the 1960's followers of B.F. Skinner began to apply his method of operant conditioning in the treatment of children with learning and behavior difficulties. His basic formula was simply that behavior was determined by consequences, but it included an extensive array of procedures for the measurement and control of behavior and an extensive vocabulary, such as positive and negative reinforcement, punishment, base-line, shaping, response cost, time out, overcorrection, incompatible behavior, token economy, and others.

Several other related behavioral techniques soon came into usage. They include the Premack principle, contingency contracting, precision teaching, classical conditioning, and modeling. The last approach was promulgated by Bandura (1973) through his social learning theories. With his assumption that aggression is learned, his interventions consist of fostering and rewarding adaptive and nonaggressive behavior through observations of appropriate behavior, role playing, and learning social skills.

Cognitive Behavior Modification

A more recent development within behavioral technology is cognitive behavior modification (CBM). The impetus came

partly from the observation that when children used self-recording procedures to count behaviors their performance unexpectedly improved. Additional inspiration was drawn from the self-instructional procedures devised by the Soviet psychologists Luria (1961) and Vygotsky (1962) in the control of overt behavior. Cognitive interventions have been applied to a variety of conduct disorders including delinquencey and classroom disruption. The theoretical framework for CBM differs considerably from operant conditioning as it works on the assumption that children are thinking and feeling individuals who enjoy taking part in their own instruction and consequently become increasingly motivated in improving their own behavior and learning. Meichenbaum (1977) has documented the value of this approach of training self-control skills through a process of progressive internalization and of gradually substituting construction for maladaptive self-instructions. The strategy has been applied to anger control and the management of provocation and agitation.

Relaxation Training

Within the behavioral paradigm a number of tension release procedures have been introduced sometimes in the form of relaxation training. In a volume on the prevention and control of aggression, Goldstein (1983) has included this approach among other self-control methods, such as calming others, encouraging talking, listening openly, showing understanding, reassuring the other person, helping save face, and different forms of communication training.

Social Skills Training

Goldstein (Glick, & Goldstein, 1987) has also made important contributions to the literature and research from a behavioristic perspective on social skills training for hostile children. In the early 1970s he become cognizant of the incompleteness of operant procedures for changing behavior and turned to the social learning investigations conducted by Bandura. He has over the years developed and experimented with an array of different procedures, first to teach interpersonal and daily living skills for adult patients, and more recently with more explicit skills training for aggressive youngsters. He has successfully experimented with a program called "aggression replacement training" with incarcerated youth in New York. He has also devised a prosocial curriculum for aggressive youth which has the following components: Interpersonal skills, anger control, moral reasoning, problems solving, empathy, social perceptions, anxiety management, cooperation, building a prosocial support group, and understanding and using group processes. Examples of social skills that are taught are: Starting a conversation, giving a compliment, apologizing, dealing with someone else's anger, responding to teasing, and helping others.

Reasons for the Popularity of Behaviorism

Almost from the moment behaviorism appeared as a treatment modality, it has become the predominant form of intervention in mental health and rehabilitation and in school programs

for handicapped children, and in the universities behaviorists play a dominant role in psychology, special education, and other fields.

An indication of the extent to which behaviorism has taken over as the favorite treatment model in the field of behavior disorders is the result of a survey by Grosenick, George, and George (1987). They replicated a 1964 study by Morse, Cutler, and Fink about the theoretical orientations used within the classroom. It revealed that while in 1964 only one percent of the respondents characterized their programs as behavioral, this percentage has risen to 85 percent about twenty years later. In contrast, at the later date only six percent relied predominantly on a psychodynamic model.

There were several reasons for the instantaneous popularity of behaviorism. The principles were easy to understand and to implement. They made provisions for measurements of the effects of interventions and thus responded to an increasing need for objectivity and accountability in human services. They also became a countervailing force against some of the weaker aspects of psychodynamic theory and practice.

Criticisms of Behaviorism

However, from the very beginning behaviorism has also had its detractors. Only two will be mentioned in this context. One is the validity of its scientific stance. There has been criticism of the long range effectiveness of interventions that seemed to have immediate positive results, and the accuracy

of typical measurement procedures have been called into question (Buckholdt & Gubrium, 1980).

By far the most serious objections to behavioristic practice center around ethical issues. Since the very beginning of the reign of behaviorism I have personally had much concern about the insensitive, dehumanizing, and even brutal treatment inflicted on vulnerable and defenseless children in the name of "scientific management" and often with the full support and blessing of professional and legal authorities. Since my own observations may be lacking in objectivity, I shall illustrate with an official report.

In July, 1985, a young autistic man lost his life while in treatment in a group home in Massachusetts under the management of the Behavior Research Institute. An investigation was started, and it turned out that he had had a seizure and died while lying on the floor with arms and legs tied and a staff member sitting on him. He was also wearing a helmet that covered his face, he had earphones that emitted piercing "white noice," and he also had ammonia vapors sprayed at his face.

In another typical case one student was on three successive days given over 1500 corporal aversives on one day, and 49 ammonia vapors to the face in a 3 hour period for aggressive acts. On the following day he received 173 spanks to the thighs, 50 spanks to the buttocks, 98 muscle squeezes to the thighs and shoulders, 88 finger pinches to the buttocks, 47 pinches to the hand. All of this within a 3.5 hour period.

One student was denied all social interaction with staff or other students for one month. He had to eat cold meals every 15 minutes, had to sleep without a mattress, and wore the same clothes for 30 days. During another month he wore ankle cuffs with a small chain for 30 days. In the name of "science" all this was carefully recorded ("TASH," 1985).

As a result of these and other similar revelations the state Office of Children appointed a panel of experts including the Norwegian-American behaviorist psychologist O. Ivar Lovaas to review the BRI program. The committee report listed several major deficiencies in the program including a lack of rationale for the extreme aversive procedures, the frequency of intensive interventions for behaviors that could only viewed as minor and insignificant, the absence of meaningful objectives and activities in the educational curriculum, the extensive use of intensive procedures sometimes over a period of years with the same clients and for the same aggressive acts without any evidence of improvements ("An Update," 1986).

This information led the State of Massachusetts to withdraw its children from the BRI. The institute director sued the state for this action and was by the judge awarded half a million dollars in damages. The national news media also presented a picture of the incident which was favorable to the institute and its program.

This response by the courts and the public can be better understood from a historical perspective. Whereas most European

countries have for a long time banned corporal or physical punishment in the schools, it has remained a practice in Anglo-Saxon countries, including Canada, Australia, New Zealand, and most of the United States. This authority is derived from the common law doctrine that the teacher is "in loco parentis." This form of chastisement is also favored in communities with strong fundamentalist religious elements and is based on the biblical edict "Spare the rod and spoil the child." Sometimes it is combined with other aversive procedures. A practice observed in some special education classes is that the teacher gives all the pupils a certain number of tokens Monday morning. For each inappropriate behavior a token is taken away. Children who have lost all their tokens by Friday afternoon are not permitted to participate in a favorite activity. For good measure they are also paddled by the teacher.

Gentle Teaching

During the past several years there has been among behaviorists themselves an increasing opposition to this widespread use of aversive techniques in child management. This new direction reflects a changing conception as to the nature of the child which is more in harmony with psychodynamic and humanistic perspectives. Among the leaders of this movement which is sometimes called "gentle teaching" is a team at the University of Nebraska. In their book (McGree, Menolascino, Hobbs, & Menousek, 1987) they set forth their beliefs, their new treatment methods, and the data from their own use of "gentle teaching."

Some quotations from the above volume Gentle Teaching give a flavor of their orientation.

> The literature is replete with dehumanizing punishment practices...If we carry these practices to their extreme, they are quite similar to the torture of political prisoners in various nations around the world. The rationales are different, but the means similar--a calculated, deliberate assault on human dignity through isolation, total control over the person, vexation, degradation, humiliation, and submission (p. 24).
>
> No person is a set of stimuli and responses; rather each is inherently endowed with a spirit that transcends all overt behavior, all that is perceived, and all that is measurable (p. 115).
>
> Bonding is the central purpose of care giving. It signifies the warm and reciprocal relationship that needs to exist between care givers and persons with special needs. It is an affectional tie that one person forms with another--a tie that binds them together and endures over time (pp. 15, 16).
>
> The emergence of disruptive or destructive behavior is often the person's way of communicating with an incomprehensive and non-responsive world (p. 18).

The new breed of behaviorists are moving towards a technology of nonaversive behavioral support. They focus on procedures that educate and promote the development of adaptive repertoires, and they use social validation criteria that emphasize personal

dignity. Attention is given to environmental characteristics, such as the physical setting, the attitudes and behavior of the staff, the impact on the child of family, friends, the neighborhood, housing, nutrition, and other factors.

Common Grounds

When behaviorism burst upon the scene almost three decades ago, it vigorously attacked the psychodynamic approaches to the management of aggression and other childhood deviations. This seemed inevitable because the behaviorists only accepted observable behavior as the subject of observation, manipulation, and control, whereas the psychodynamically oriented interventions focused more on the inner person and on feelings and needs. However, there were common areas of consensus in which the treatment was similar although the terminology differed. One group used "incompatible" the other "alternative" behavior, one resorted to "time-out," the other to "non-punitive exile." Social skills training was equally acceptable to both camps. When cognitive behaviorists introduced thinking and feelings into their conceptual framework, some of their intervention procedures bore much resemblance to "life space interviews." Finally, the "gentle teaching" protagonists speak freely about the importance of affectional bonds, of dignity, and of an essence to a person that transcends overt behavior.

The psychodynamic paradigm has also undergone transformations. It is paying more attention to systematic observations,

a consistent structure of rewards and consequences, and the influence of broader environmental conditions on a child's behavior.

The usefulness of the eclectic combination of several models in the treatment of difficult youth has been demonstrated by the relative effectiveness of the so-called Hassela collectives in Norway and Sweden. Bergstrom (1989) has put the issue in a nutshell which is here presented in a translation from Swedish:

> Even if there exist contrasting viewpoints we believe that many of the fights between different schools of thought result from the fact that they look upon the human being from different positions and angles. Although it seems that they cannot be combined, they may in reality enrich one another. Sometimes it is even possible to unite the different schools into a new theory that gives us knowledge and explanations at a higher level. This is what we call a synthesis. (p. 43).

Beyond the Current Models

The accelerating spread of violence in the world seems to be propelled by forces that go beyond the dimensions of our conventional models. Some of the causes are imbedded in the very fabric of our societies and have their origins in the past, in contemporary crises and conflicts, and the visions that exist of the future. As examples, the gradual disintegration of the family and of stable, cohesive communities related in part to industrial and technological "developments" are reflected in child abuse and neglect, and the glamorization of material possessions and wealth leave masses of people angry

and frustrated about what they do not have. Throughout the Western world the public is incessantly bombarded by the entertainment industry with an endless display and glamorization of brutality, as Lindell (1984) has so amply documented, and in the United States the specter of cocain addiction is behind a frightening increase in violent crimes. The solution to these problems requires a global vision and the working together of good people everywhere.

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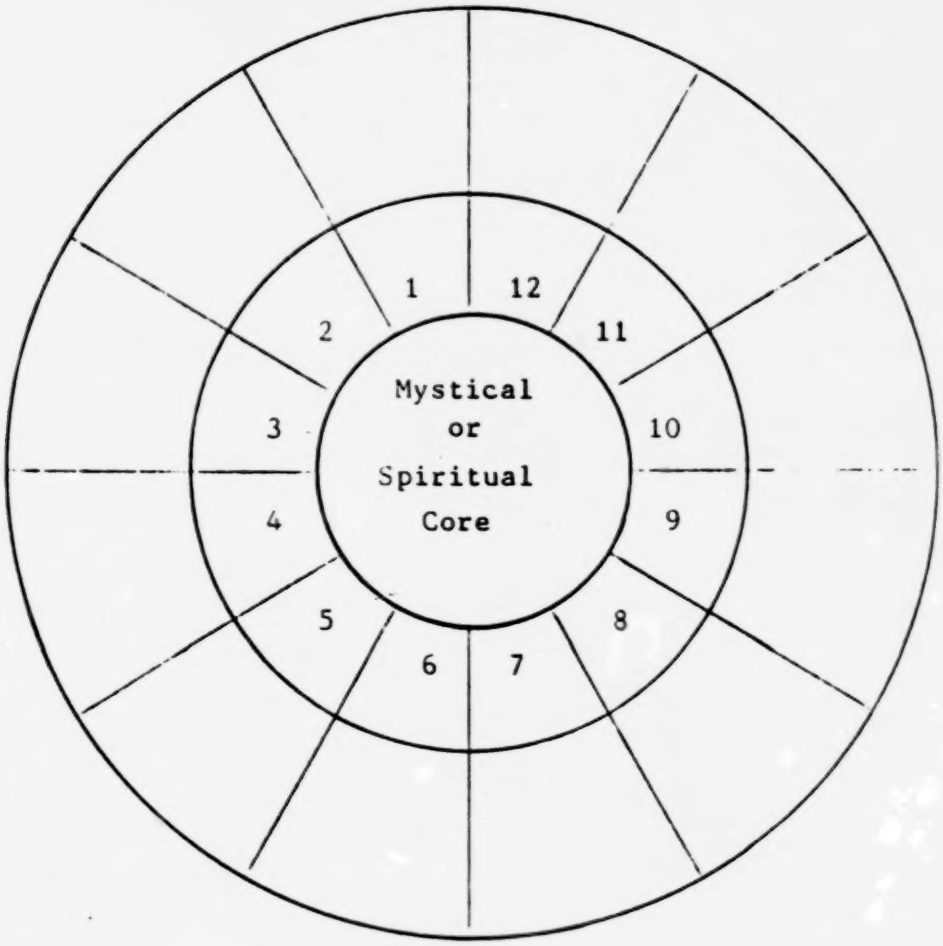
Appendix 1

Models of Remediation: A Conceptual Design

1. The numbers 1-9 represent the major current models.
2. The numbers 10-12 is space for future models not yet conceptualized.
3. The outer circle signifies future expansions within the specific models.
4. The inner circle stands for the assumed core of the personality that at present lies beyond the realm of scientific inquiry. It includes the spiritual, mystical and supernatural dimensions.



Models

1. Child Development
2. Psychodynamic
3. Learning Disabilities
4. Behavior Modification
5. Medical
6. Ecological
7. Counter-Culture
8. Transcendental
9. Psycho-Educational
10. Future Models
11. Future Models
12. Future Models